

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FORM C/OH  
CITY OF SAN ANTONIO  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # 2005 JAN 18  
(Ethics Commission filers)

Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MR.

FIRST

Weston

MI

C

NICKNAME

LAST

Martinez

SUFFIX

## OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 701807 S. Antonio TX 78232

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 490-0599

Receipt #

Amount

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS (MR)

FIRST

STUART

MI

NICKNAME

LAST

FABRICANT

SUFFIX

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

21007 ENCINO DAWN SA TX 78259-2660

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 497-2263

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

9 / 15 / 04

THROUGH

Month

Day

Year

12 / 31 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 7 / 05

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Republican Precinct Chairman 3081

13 OFFICE SOUGHT (if known)

City of San Antonio Council Dist 9a

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Weston Charles Martinez*

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 197.75

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,453.94

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ — 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 975.94

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

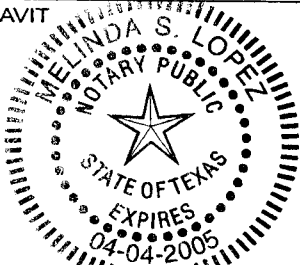
\$ 861.16

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ — 0.00

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Weston Martinez*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Weston Martinez*, this the *18th* day of *January*, 20 *05*, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*  
Signature of officer administering oath

*Melinda S. Lopez*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule A:

1 of 2

2 FILER NAME <i>Weston Charles Martinez</i>		2005 JAN 18 A 3:00 ACCOUNT # (Ethics Commission filers)	
4 Date <i>9/9/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Berto Guerra</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1010 N ST. MARY'S SAT 78215</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/9/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Herb &amp; Wanda Squabe</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8642 WALDON HEIGHTS SAT 78254</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/10/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>RON &amp; DEIL GRISSELL</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1946 NE Loop 410 Ste 130 SAT 78217</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/18/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Steve &amp; Angela Southerns</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1315 DORBIN WAY SAT 78258</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>9/12/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>INNER Limits Productions</i>	Amount of contribution (\$) <i>72.00</i> <i>602.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>18777 Stone Oak PKWY #832 SAT 78258</i>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

**SCHEDULE B**

2005 JAN 18 A 11:08

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

RECEIVED  
CITY OF SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **2 of 2**

2 FILER NAME

**Weston Charles Martinez**

2005 JAN 18 A 11:08  
3 ACCOUNT # (Ethics Commission filers)

4 Date

**10/20/04**

5 Full name of contributor

☐ out-of-state PAC (ID#)

**JAMES CARTER**

7 Amount of contribution (\$)

**50.00**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**1900 F.B. TOUR SAT 78232  
100 W. Houston ST.**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

**12/4/04**

Full name of contributor

☐ out-of-state PAC (ID#)

**BERRY BERRY, Hood**

Amount of contribution (\$)

**100.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**1302  
PUDDLEBY COVE Austin TX 78746**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/5/04**

Full name of contributor

☐ out-of-state PAC (ID#)

**ALBERT & RAQUELA SAN MIGUEL**

Amount of contribution (\$)

**250.00**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**419 N ST MARY'S SAT 78212**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**10/8/04**

Full name of contributor

☐ out-of-state PAC (ID#)

**SAM & SANIECE TAFINDER**

Amount of contribution (\$)

**94.19**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**13319 EL CHANO SAT 78233**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 A 11:08

12 pages Schedule E:

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a financial institution?

Y N

**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 A 11:08

1 Total pages Schedule F:

1 of 1

2 FILER NAME

Weston Charles Martinez

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/29/04

5 Payee name

City of SAN Antonio

7 Amount (\$)

10.00

6 Payee address;

City; State; Zip Code

PO Box 839975 SAT 78283

8 Purpose of payment (See instructions regarding type of information required.)

Candidates Packet

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/8/04

Payee name

Hi TEX Flabs &amp; ADU.

Amount (\$)

262.14

Payee address;

City; State; Zip Code

PO Box 46000 SAT 78246

Purpose of payment (See instructions regarding type of information required.)

Stress SHIRTS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/16/04

Payee name

A. Frevelatti

Amount (\$)

125.00

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Security

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

10/21/04

Payee name

Office Max

Amount (\$)

173.20

Payee address;

City; State; Zip Code

8206 A60RA Parkway SAT 78154

Purpose of payment (See instructions regarding type of information required.)

Printing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**RECEIVED SCHEDULE G  
CITY OF SAN ANTONIO  
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2009 JAN 18 10:09  
1 Total pages Schedule G  
1 of 2

2 FILER NAME

Weston Charles Martinez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Fed Ex kinko

6 Payee address;

City; State; Zip Code

13420 SAUPEDRO SAT 78216

8 Amount  
(\$)

380.81

7 Purpose of expenditure (See instructions regarding type of information required.)

Laminating &amp; Backing Map

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

kinko

Payee address;

City; State; Zip Code

13420  
SAUPEDRO SAT 78216Amount  
(\$)

146.48

Purpose of expenditure (See instructions regarding type of information required.)

COPIES

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

ALLIED ADV.

Payee address;

City; State; Zip Code

3700 Blanco SAT 78212

Amount  
(\$)

135.00

Purpose of expenditure (See instructions regarding type of information required.)

BANNERS

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

DOCUSOURCE

Payee address;

City; State; Zip Code

223 E. TRAVIS ST. SAT 78205

Amount  
(\$)

1870.99

Purpose of expenditure (See instructions regarding type of information required.)

PRINTING &amp; BOS CARDS

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

OFFICE DEPOT

Payee address;

City; State; Zip Code

13484 SAUPEDRO SAT 78216

Amount  
(\$)

8.31

Purpose of expenditure (See instructions regarding type of information required.)

COPIES

☒ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

**SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18

4 11:09  
Total pages Schedule H:

**2 FILER NAME**

**3 ACCOUNT #** (Ethics Commission filers)

**4 Date**

**5 Business name**

**7 Amount**  
(\$)

**6 Business address;** City; State; Zip Code

**8 Purpose of payment** (See instructions regarding type of information required.)

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

1 Total pages Schedule G: **2**

2 FILER NAME

*Weston Charles Martinez*

2005 JAN 18

ACCOUNT # (Ethics Commission filers)

4 Date

*10/8/04*

5 Payee name

*BAD6e Man*

6 Payee address; City; State; Zip Code

*3201 CHERRY RIDGE  
ST B206 SAT 78230*

8 Amount  
(\$)

*21.01*

7 Purpose of expenditure (See instructions regarding type of information required.)

*BAD6es*

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount  
(\$)

☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 AM 11:09  
1 Total pages Scheduled:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8

Amount  
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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**CREDITS (optional)**RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 AM 11:09  
Total pages Schedule K:**2 FILER NAME****3 ACCOUNT #** (Ethics Commission filers)

<b>4 Date</b>	<b>5 Payor name</b> <b>6 Payor address; City; State; Zip Code</b> <b>7 Reason for credit</b>	<b>8 Amount (\$)</b>
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**